

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Jan Albert Creusere  
3943 Hazel Avenue  
Cincinnati, OH 45212-3827

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

**X**☐ Agent☐ AddresseeB. Received by ( *Printed Name* )

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.4. Restricted Delivery? (*Extra Fee*)☐ Yes

2. Article Number

( *Transfer from service label* )

7001 2510 0008 6348 9275

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540